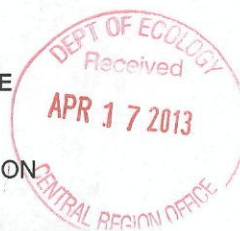


STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

APPLICATION FOR PERMIT
TO CONSTRUCT A RESERVOIR AND TO STORE FOR BENEFICIAL USE
WATERS OF THE STATE OF WASHINGTON

\$50.00 NON-REFUNDABLE MINIMUM STATUTORY FILING FEE REQUIRED WITH APPLICATION
(GRAY BOXES FOR OFFICE USE ONLY)



APPLICATION NUMBER R4-33094	W.R.I.A. 29	COUNTY Klickitat	PRIORITY DATE 04-12-2013	TIME	ACCEPTED
APPLICANT'S NAME City of White Salmon			TELEPHONE NUMBER 509-493-1133		
DATE AND PLACE OF INCORPORATION, IF APPLICANT IS A CORPORATION					
ADDRESS (STREET) PO Box 2139			(CITY) White Salmon	(STATE) WA	(ZIP CODE) 98672

1.

SOURCE, USE, AND CAPACITY OF RESERVOIR

NAME OF PROPOSED RESERVOIR City of White Salmon ASR	
NAME OF STREAM OR OTHER SOURCE FOR RESERVOIR SUPPLY Buck Creek	TRIBUTARY OF White Salmon River
USE(S) TO BE MADE OF IMPOUNDED WATER (IRRIGATION, POWER, FISH PROPOGATION, ETC.) Municipal, Instream Flow	
NUMBER OF ACRE FEET TO BE STORED AT MAXIMUM OPERATING LEVEL 600	MONTHS OF YEAR DURING WHICH RESERVOIR IS TO BE FILLED November through May
NUMBER OF ACRES TO BE IRRIGATED, IF USED FOR IRRIGATION	
TYPE AND CAPACITY OF DIVERSION WORKS IF WATER IS TO BE WITHDRAWN Existing low head diversion dam and water treatment facility. Treatment capacity is 2.2 cfs.	

2.

LOCATION OF POINT OF DIVERSION OR WITHDRAWAL

ON ACCOMPANYING PLATS OR MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. GIVE MEASURED DISTANCE AND BEARING, OR NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER.				
COMPLETE EITHER A OR B	A	THE RESERVOIR IS TO BE LOCATED IN THE CHANNEL OF (NAME OF STREAM)		
	B	THE RESERVOIR IS TO BE FILLED THROUGH A FEEDER CANAL (OR PIPELINE) HAVING ITS POINT OF DIVERSION (INTAKE) LOCATED AS FOLLOWS The City's existing surface water diversion from Buck Creek, located within Klickitat County Parcel No. 04101600000000		
DISTANCE AND BEARING TO SECTION CORNER 370 feet north, 930 feet west of SE corner of Section 16				
LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) SE1/4SE1/4		SECTION 16	TOWNSHIP N. 10N	RANGE (E. OR W.) W.M. 03E
COUNTY Klickitat				

3.

IF THIS IS WITHIN THE LIMITS OF A RECORDED PLATTED PROPERTY, COMPLETE THIS SECTION

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)
-----	-------	------------------------------------

4.

LOCATION OF IMPOUNDING STRUCTURE

IMPOUNDING STRUCTURE LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) SW1/4SE1/4	SECTION 03	TOWNSHIP N. 03N	RANGE (E. OR W.) W.M. 10E
LEGAL SUBDIVISION OF LANDS IN WHICH THE SUBMERGED AREA IS TO BE LOCATED (THE OUTLINE OF THIS LAND IS TO BE SHOWN ON THE MAP TO ACCOMPANY THIS APPLICATION)			
DO YOU OWN THIS PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, HAVE YOU SECURED FLOOD RIGHTS FOR LANDS TO BE INUNDATED <input type="checkbox"/> YES <input type="checkbox"/> NO			

5.

CONSTRUCTION OF IMPOUNDING STRUCTURE

HEIGHT OF DAM (FEET) NA	LENGTH OF TOP (FEET) NA	LENGTH OF BOTTOM (FEET) NA	WIDTH ON TOP (FEET) NA
--------------------------------	--------------------------------	-----------------------------------	-------------------------------

CONTINUED ON NEXT PAGE

SLOPE OF FRONT OR WATER SIDE (NUMBER OF FEET HORIZONTAL TO ONE FOOT VERTICAL) NA		SLOPE OF BACK SIDE (NUMBER OF FEET HORIZONTAL TO ONE FOOT VERTICAL) NA	
HEIGHT OF DAM ABOVE WATER LINE AT MAXIMUM FLOOD FLOW (FEET) NA			
TYPE OF CONSTRUCTION OF DAM AND MATERIAL OF WHICH IT IS TO BE BUILT NA			
LOCATION AND DIMENSIONS OF SPILLWAYS (STATE WHETHER OVER, AROUND, OR THROUGH DAM) NA			
NUMBER OF ACRES TO BE SUBMERGED BY RESERVOIR WHEN FULL NA		MAXIMUM DEPTH (FEET) NA	APPROXIMATE AVERAGE DEPTH (FEET) NA
ESTIMATED COST OF PROPOSED WORK NA			
CONSTRUCTION WILL BEGIN ON OR BEFORE (DATE) NA		CONSTRUCTION WILL BE COMPLETED ON OR BEFORE (DATE) NA	
SIZE AND TYPE OF OUTLET STRUCTURE NA			
6. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED (IF DIFFERENT THAN ABOVE)			
COPY LEGAL DESCRIPTION FROM DEED: OR ATTACH COPY OF DEED. TAX STATEMENT DESCRIPTIONS ARE NOT ACCEPTABLE. ALSO OUTLINE THIS PROPERTY ON THE MAPS OR PLATS SUBMITTED WITH THIS APPLICATION.			
Service area of the City of White Salmon Water System (WSID 96350).			
DO YOU OWN THIS PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, GIVE NAME AND ADDRESS OF OWNER			

Patrick Munyan Jr 4/8/13
Patrick Munyan Jr 4/8/13
SIGNATURE OF APPLICANT

STATE OF WASHINGTON }
DEPARTMENT OF ECOLOGY } ss.

This is to certify that I have examined the foregoing application together with the accompanying maps and data, and return the same for correction or completion as follows:.....

In order to retain its priority, this application must be returned to the Department of Ecology, with corrections, on or before, 20.....

Witness my hand this day of, 20.....

Department of Ecology

If you require this document in an alternate format, please contact the Water Resource Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.